

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.:

Registration District No. 547Primary Registration District No. 3079Registrar's No. 197

1. PLACE OF DEATH:

(a) County Marion
 (b) City or town Hannibal
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
814 Hayward
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME Margaret Jane Leek Stark

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Louis Stark 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased December 18, 1957
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 6 1 hr. min.

9. Birthplace Pleasant Hills Illinois
 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife11. Industry or business XX

12. Name Smith Leek
 13. Birthplace Unknown
 (City, town, or county) (State or foreign country)
 14. Maiden name Emma Dodge
 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Beulah Ferguson(b) Address 816 Hayward

17. (a) Burial (b) Date thereof 6/22/61
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Olivet18. (a) Signature of funeral director Wm M. Smith(b) Address 902 Broadway

19. (a) 6-78-41 (b) HC Fisher
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Marion
 (c) City or town Hannibal
 (If outside city or town limits, write "RURAL")
 (d) Street No. 814 Hayward
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19
 year 1961 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from May - 1961
 to June 19 1961
 that I last saw her alive on June 19 1961
 and that death occurred on the date and hour stated above.
 Immediate cause of death Coronary Thrombosis

Due to Cardio-vascular Renal
Disease

Other conditions
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
488 (Specify type of place) (e) Means of injury _____

23. Signature Wm M. Smith (M. D. or other) HC Fisher
 Address Hannibal Mo Date June 22, 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

James A. Myles

Licensed Embalmer No. 3296

P. O. Address Hannibal Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.